

Our Lady of Guadalupe

Expense Reimbursement Form

Covering dates _____ to _____

****Please attach all receipts to the form****

Program/Department/Organization: _____

Brief Explanation of Expenditures:

Name _____

Amount to be reimbursed

Address _____

Phone # _____

For Office Use Only
Approved _____
Date reimbursed _____
Check # _____

**** Form needs approval prior to purchase. Unapproved purchases may not be eligible for reimbursement.**

**** Please return to Dave Govern in the OLG Office**